(To be used when there are more than 10 speakers per item)

Name:				
Residence Address: (Optional)				
City:Zip				
Phone No.: (Home) (Work)				
Email:				
l represent:				
I wish to speak: FOR X AGAINST Agenda Item No.				
[See Reverse Side for Instructions]				
CITY OF SANTA CLARA SPEAKER'S CARD (To be used when there are more than 10 speakers per item)				
Name: OSUE GARCIA Date: 10-23-07				
Residence Address: 2102 Acmnoc Ro. (Optional)				
City: Sva Lose CA 91/75~ Zip				
Phone No.: 265-76 4/7 (Home) (optional) (Work)				
Email:				
I represent: Builoing TAMOCS POUND.L				
I wish to speak: FOR AGAINST Agenda Item No. 4/9 crs				
[See Reverse Side for Instructions]				

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Name: (Please Print)	Date:
Residence Address:	(Ontions
City:	
Phone No.: (Home)	(Wor
Email:	
I represent:	33
I wish to speak: FOR AGAINST	Agenda Item No.
[See Reverse Side for Instru	
	· ·
(To be used when there are more than 10	speakers per item)
lame: ROBERT FITCH	Date:
Residence Address: 2356 ROSIFA	
city: SANTA CLANS	
	_ zıp
Phone No.: (Home)	
Phone No.: (Home) (Home)	(Work)
	(Work)
Email:	(Work)

Vame: KclClassaluez_ (Please Print)	Date: <u> ク/</u> スろ
(Please Print)	
Residence Address: 1219 Shewood	(Optional)
City: Sorta Clara	Zip_95650
Phone No.: (Home)	
Email:	
represent: Residut	
wish to speak: FOR AGAINST	Agenda Item No.
[See Reverse Side for Instructi	ions]
CITY OF SANTA C	LARA
SPEAKER'S CA	RD
(To be used when there are more than	
	, ,
Name: 115a santillar	Date: 10 · 23
(Please Print)	
Residence Address:	(Optional)
City: Surry all	Zip_94089
Phone No.: 745-9212 (Home) 9	86-7977 (Work)
Email: 115a_Santillar@cur	nat.com
I represent: Self	
l wish to speak: FOR 👱 AGAINST	Agenda Item No. 5 6
[See Reverse Side for Instru	•

Name: Mara 2	iga i i ina ease Print)	Date: 10 22 0∋
Residence Address:_	· · · · · · · · · · · · · · · · · · ·	(Optional)
City: Sawa C	224 15	Zip
Phone No.:	(Home)	(Work)
Email:		
	<u> </u>	Agenda Item No. <u>೯</u> ವ
[See	Reverse Side for Instr	uctions]
SPI (To be used when th		RD 10 speakers per item)
Name: Ketva (Plea	SEP Print)	Date: <u>(0 - 2.3</u>
Residence Address: _=	132 Vlader	(Optional)
City: SC		Zip_95050
Phone No.: 408 428 (optional	8220 (Home)	(Work)
Email: Ketra Cdre	polinacat.co.	<u>n</u>
l represent: <u>Santa</u>	2 Clara Pla	ys Fair
l wish to speak: FOR _	AGAINST	_ Agenda Item No. <u>5 B</u>
iSee i	Reverse Side for Instru	ictionsì

Name: <u>ERUNDA ESTRADA</u> Date: 10-23-07 (Please Print)				
Residence Address: 3119 EL SOBRANTE ST (Optional)				
City: SANTA CLARA Zip 9505/				
Phone No.: (Home) (Work)				
Email: erlinga-estrada (a yahoc rom				
I represent: Savita Clara Plays Fair				
I wish to speak: FOR AGAINST X Agenda Item No. 58				
[See Reverse Side for Instructions]				
CITY OF SANTA CLARA				
SPEAKER'S CARD (To be used when there are more than 10 speakers per item)				
Name: Deborah Bress Date:				
(Please Print) Residence Address: (Optional)				
City:Zip				
Chone No.: (Home) (optional) (work)				
Email:				
represent:				
wish to speak: FOR AGAINST Agenda Item No				
[See Reverse Side for Instructions]				

Name:	Marilyn (Please	McGray)	Date:	
Residence	e Address:	2939 McKing	<u></u> .	_ (Optional)
City:	South	Clava	_Zip	
Phone No	(optional)	(Home)	(optional)	(Work)
Email:				
l represen	t:	· · · · · · · · · · · · · · · · · · ·	:	
l wish to s	speak: FOR	AGAINST X	Agenda Item I	10. Stadium
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